

<i>SERFF Tracking Number:</i>	<i>ICCI-126573479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Security Life Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>45363</i>
<i>Company Tracking Number:</i>	<i>SSL CEBT HEARDAIDAE AR 0310</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>SSL CEBT Arkansas Hearing Aid AE</i>		
<i>Project Name/Number:</i>	<i>SSL CEBT Arkansas Hearing Aid AE/SSL CEBT Arkansas Hearing Aid AE</i>		

## Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: SSL CEBT Arkansas Hearing Aid AE    SERFF Tr Num: ICCI-126573479    State: Arkansas

TOI: H16G Group Health - Major Medical    SERFF Status: Closed-Approved-Closed    State Tr Num: 45363

Sub-TOI: H16G.001A Any Size Group - PPO    Co Tr Num: SSL CEBT HEARDAIDAE AR 0310    State Status: Approved-Closed

Filing Type: Form    Author: Brenda Dawson    Reviewer(s): Rosalind Minor  
 Date Submitted: 04/06/2010    Disposition Date: 04/07/2010  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval    Implementation Date:  
 State Filing Description:

## General Information

Project Name: SSL CEBT Arkansas Hearing Aid AE  
 Project Number: SSL CEBT Arkansas Hearing Aid AE  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 04/07/2010

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Group  
 Group Market Size: Small and Large  
 Group Market Type: Trust  
 Explanation for Other Group Market Type:  
 State Status Changed: 04/07/2010  
 Created By: Brenda Dawson  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Brenda Dawson  
 Filing Description:  
 See attached cover letter and forms.

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative    Brendadawson@inscompliance.com

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Product Name: SSL CEBT Arkansas Hearing Aid AE  
Project Name/Number: SSL CEBT Arkansas Hearing Aid AE/SSL CEBT Arkansas Hearing Aid AE

3925 East State Street, Suite 200 815-316-6714 [Phone]  
Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Standard Security Life Insurance Company of New York CoCode: 69078 State of Domicile: New York  
485 Madison Avenue, 14th Floor Group Code: Company Type:  
New York, NY 10022 Group Name: State ID Number:  
(212) 355-4141 ext. [Phone] FEIN Number: 13-5679267

### Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	\$20.00	04/06/2010	35427104
Standard Security Life Insurance Company of New York	\$80.00	04/06/2010	35433995

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/07/2010	04/07/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional filing fee added	Note To Reviewer	Brenda Dawson	04/06/2010	04/06/2010
Additional Filing fee	Note To Filer	Rosalind Minor	04/06/2010	04/06/2010

*SERFF Tracking Number:*      *ICCI-126573479*      *State:*      *Arkansas*  
*Filing Company:*      *Standard Security Life Insurance Company of*      *State Tracking Number:*      *45363*  
   *New York*  
*Company Tracking Number:*      *SSL CEBT HEARDAIDAE AR 0310*  
*TOI:*      *H16G Group Health - Major Medical*      *Sub-TOI:*      *H16G.001A Any Size Group - PPO*  
*Product Name:*      *SSL CEBT Arkansas Hearing Aid AE*  
*Project Name/Number:*      *SSL CEBT Arkansas Hearing Aid AE/SSL CEBT Arkansas Hearing Aid AE*

## **Disposition**

Disposition Date: 04/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ICCI-126573479 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45363

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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: SSL CEBT Arkansas Hearing Aid AE

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form	[Optional] Hearing Aid Benefit Rider	Approved-Closed	Yes
Form	Policyholder Election Form	Approved-Closed	Yes

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**Note To Reviewer**

**Created By:**

Brenda Dawson on 04/06/2010 02:09 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

04/07/2010 08:16 AM

**Subject:**

Additional filing fee added

**Comments:**

The additional filing fee was added.

*SERFF Tracking Number:*      *ICCI-126573479*      *State:*      *Arkansas*  
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*Project Name/Number:*      *SSL CEBT Arkansas Hearing Aid AE/SSL CEBT Arkansas Hearing Aid AE*

**Note To Filer**

**Created By:**

Rosalind Minor on 04/06/2010 01:13 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

04/07/2010 08:16 AM

**Subject:**

Additional Filing fee

**Comments:**

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$80.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee

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## Form Schedule

### Lead Form Number: SSL CEBT HEARAIDAE AR 0310

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
<b>Status</b>							
Approved-Closed	SSL CEBT	Certificate	[Optional] Hearing	Initial			AR SSL
	HEARAIDA	Amendmen	Aid Benefit	Rider			CEBT
04/07/2010	E AR 0310	t, Insert					HEARAIDAE
		Page,					AR 0310
		Endorseme					_Optional
		nt or Rider					Hearing Aid
							Rider_.pdf
Approved-Closed	SSL CEBT	Application/	Polcyholder	Election	Initial		AR SSL
	OPT ELC	Enrollment	Form				CEBT OPT
04/07/2010	AR 0310	Form					ELC AR 0310
							_Optional
							Rider election
							form_.pdf



# STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

[485 Madison Avenue, New York, NY 10022]

## [OPTIONAL] HEARING AID BENEFIT RIDER FOR ARKANSAS RESIDENTS ONLY

It is hereby understood that the Group Policy and Certificate to which this Rider is attached is hereby amended as follows, with respect only to an Employee whose Employer's principal place of business is in Arkansas.

If You are covered under the [optional] Hearing Aid Benefit Rider, and if specified as applicable on the Schedule of Benefits, the Certificate is amended as follows:

**A. SECTION 2 – DEFINITIONS** the following definition is added:

**Hearing Aid.** An instrument or device, including repair and replacement parts, that:

- a) Is designed and offered for the purpose of aiding Insured Persons with or compensating for impaired hearing;
- b) Is worn in or on the body; and
- c) Is generally not useful to a person in the absence of a hearing impairment.

**B. SECTION 5 – BENEFITS, Limited Major Medical Benefits,** the following benefit is added:

[12.] Hearing Aids, not subject to Calendar Year Deductible or Copay, up to \$[1,400] per ear for each [three-year] period. The Hearing Aids must be dispensed by an individual properly licensed by the State of Arkansas.

**C. SECTION 6 – EXCLUSIONS AND LIMITATIONS FROM COVERAGE** the following change is made:

Item [#27] pertaining to routine hearing exams is amended by deleting the reference to "the purchase of hearing aids."

### TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made part of the Policy/Certificate as of [its Effective Date] [[October 1, 2009] or] [Your coverage Effective Date] [whichever is later] [the Effective Date as specified by an attached Endorsement].

This Rider is subject to all provisions of the Policy which are not in conflict with the provisions of this Rider. Nothing in this Rider will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Rider to be signed by its President.

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK



Rachel Lipari  
President



Adam C. Vandervoot  
Secretary

**STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK**

[485 Madison Avenue, New York, NY 10022]

**POLICYHOLDER ELECTION FORM**

(Arkansas Residents Only)

As elected by the Policyholder, Covered Charges will include the following. We will not duplicate benefits payable elsewhere under the Policy or any attached Rider.

1. Accept \_\_\_\_\_ Reject \_\_\_\_\_ [Optional] Hearing Aid Benefit Rider (ARS 23-79-1402)

As the Policyholder, we request that you indicate above whether you accept or reject this optional benefit:

Policyholder Name: \_\_\_\_\_

Signed for the Policyholder \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	04/07/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Cert of Comp. with Rule 19 SSL CEBT HEARAID AE 0310.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved-Closed	04/07/2010
<b>Bypass Reason:</b> NA - this is an AE filing only		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover letter	Approved-Closed	04/07/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AL SSL CEBT filing letter 4-6-10.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Authorization Letter	Approved-Closed	04/07/2010
<b>Comments:</b>		
<b>Attachment:</b>		
ICC Authorization letter SSL 2010.pdf		

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Standard Security Life Insurance Company of New York

Form Number(s): SSL CEBT HEARDAIDAE AR 0310, SSL CEBT OPT ELC AR 0310

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.

A handwritten signature in black ink, appearing to read "Rachel Lipari". The signature is fluid and cursive, with a large initial "R" and "L".

Signature of Company Officer

Rachel Lipari

Name

President

Title

April 6, 2010

Date



INSURANCE  
COMPLIANCE  
CONSULTANTS, INC.

3925 East State Street, Suite 200  
Rockford, Illinois 61108

Phone: (815) 316-6711  
FAX: (815) 986-2355

April 6, 2010

Honorable Julie Benafield Bowman  
Insurance Commissioner  
State of Arkansas  
Arkansas Department of Insurance  
1200 W. Third St.  
Little Rock, AR 72201-1904

RE: Standard Security Life Insurance Company of New York - NAIC # 69078  
FEIN Number: 13-5679267  
Policyholder Election Form – SSL CEBT OPT ELC AR 0310  
[Optional] Hearing Aid Benefit Rider – SSL CEBT HEARDAE AR 0310

Dear Commissioner Benafield Bowman:

Enclosed for review and approval for use in your state are the above referenced forms. These forms are new and are not intended to replace any form previously approved by your Department.

A Filing Letter of Authorization from Standard Security Life Insurance Company of New York authorizing Insurance Compliance Consultants, Inc., to represent them in this filing and to work with the Department for the purposes of obtaining Departmental filing is enclosed.

The Group Policyholder will be offered this [Optional] Hearing Aid Benefit Rider using Policyholder Election Form SSL CEBT OPT ELC AR 0310.

If this coverage is accepted, the [Optional] Hearing Aid Benefit Rider SSL CEBT HEARDAE AR 0310 will be attached to Group Major Medical Expense Certificate SSL CEBT.001 0405 previously approved by your Department on August 12, 2005.

If this Rider is accepted, it will provide hearing aid benefits as required by ARS 23-79-1402.

We will list the rider on the Schedule of Benefits as “applicable” or “not applicable”, depending on the applicant’s selection.

The term [Optional] is bracketed in case the decision is made in the future to provide this benefit.

Your prompt review of this submission will be greatly appreciated. If you have any questions or need further information, please contact me at (815) 316-6714, fax me at (815) 986-2355, or email me at [Brendadawson@inscompliance.com](mailto:Brendadawson@inscompliance.com). Thank you.

Sincerely,

Brenda Dawson, FLMI, AIRC, ACS  
Authorized Representative  
Insurance Compliance Consultants



January 1, 2010

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rachel Lipari".

Rachel Lipari